

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021677

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347 Primary Registration District No. 6/71 Registrar's No. 20

FILED MAY 23 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Stone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ponce de Leon</u> | | Length of stay in 1b <u>28 years</u> | c. CITY OR TOWN <u>Ponce de Leon</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>no street address</u> |

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| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Harrison</u> Last <u>Buck</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1962</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/1/1908</u> | 9. AGE (last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy Equipment Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | 11. BIRTHPLACE (City and state or country) <u>Lebanon, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Paul Buck</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertie Bolles</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Wade</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u> </u> | 17. INFORMANT <u>Mrs. Mary Buck, Ponce de Leon, Missouri</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ischemic Heart Disease</u> DUE TO (b) <u>Tuberculosis, pulmonary, extensive</u> DUE TO (c) <u> </u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(Patient refused hospital care)</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u> |
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| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | 20f. CITY, TOWN, OR LOCATION <u> </u> | COUNTY <u> </u> | STATE <u> </u> |
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| 21. I attended the deceased from <u>Feb 4 /55</u> to <u>10 May /62</u> and last saw her alive on <u>3 May /62</u> Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>[Signature], Mo</u> | 22c. DATE SIGNED <u>12 May /62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/13/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ponce de Leon Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Ponce de Leon, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>John Harris</u> | ADDRESS <u>Clever, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>May 17, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 1040
2 10402
3
4 C
5 1
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7 0
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9 002.1
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12 90-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4390

P. O. Address Cleves, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued
May 11, 1962